

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 136
County Registrar No. Ma
Local Registrar No. Ma

1. County Pima
District of _____
Town of Miami
or _____
City of _____

No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number)
St. _____ Ward _____

2. Full name of child Silvano Rodriguez } If child is not yet named, make supplemental report, as directed.
3. Sex of Child Male } To be answered ONLY in event of plural births.
4. Twin, triplet or other. _____ 5. Legitimate? _____
7. Date of birth May 4 1927
Month day year

8. FATHER
Full name Juan Rodriguez
9. Residence (Usual place of abode) Miami
If nonresident, give place and state _____

14. MOTHER
Full maiden name Dolores Aradouda
15. Residence (Usual place of abode) Miami
If nonresident, give place and state _____

19. Color or race Mexican
21. Age at last birthday 32 (Years)

16. Color or race Mexican
17. Age at last birthday 31 (Years)

12. Birthplace (city or place) Mexico
(State or country)

18. Birthplace (city or place) Mexico
(State or country)

13. Occupation Truck man
Nature of industry

19. Occupation Housewife
Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living _____
(b) Born alive but now dead _____
(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn.) at 2 m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

Signature Nelson D. Branton
(Physician or midwife)
Address Miami, Arizona

Given name added from a supplemental report _____
Month, day, year.

Filed May 11, 1927 Re. B. J. J. J.
Local Registrar.

Registrar. _____ Filed _____ 19____ County Registrar.

299-504-411

WRITE PLAIN WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. B.--In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.